

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

**APPLICATION FOR CERTIFICATION TO PROVIDE LIMITED SERVICES
TO AN INDIVIDUAL UNDER THE SELF-ADMINISTERED SERVICES
ACQUIRED BRAIN INJURY WAIVER**

Name of Applicant: _____ Date: _____

Address: _____ Phone: _____

Name of Person Applicant Desires to Support: _____

Service(s) Applicant Desires to Provide (*Circle All Applicable Services*): **CH 1; FS1; FTP; HS1; RP1 (Q); RP1 (D); SLA.**

Knowledge Requirements for Certification:

Employment Agreement ☐ Date _____

Department of Human Services
Provider Code of Conduct ☐ Date _____

Division of Services for People With
Disabilities' (Division) Code of Conduct ☐ Date _____

Emergency Contact Information ☐ Date _____

Person's Support Book ☐ Date: _____

Behavior Management
(if applicable) ☐ Date _____

ABI Info Packet ☐ Date: _____

SIGNATURES:

I represent that I have read and am familiar with the above-identified materials and that I have been oriented to and/or trained on all of the materials by: _____ on the dates indicated. I further represent that I both understand and will comply with the requirements identified in the materials in providing services to the Person and that I am capable of providing appropriate services to the Person.

Signature of Applicant

Date

I, _____ represent that I am the Person, the Person's Representative, or the Person with a Designated Administrator of Supports for the Person and that I am familiar with both the above-identified materials and the supports required by the Person. I further represent that I provided orientation and/or training to the Applicant on all of the required materials on the dates indicated. I further represent that based on the training and orientation provided to the Applicant, I am satisfied the Applicant has the knowledge, understanding, and ability to provide appropriate services to the Person.

Signature of Person, Guardian, or Designated Administrator

Date

**AWARD OF CERTIFICATION TO PROVIDE LIMITED SERVICES
TO AN INDIVIDUAL WITH ACQUIRED BRAIN INJURY RECEIVING SELF-ADMINISTERED SERVICES**

Based on the forgoing representations of the Applicant and the Person, Person's Legal Guardian, or Person's Designated Administrator of Supports, the Applicant has met the minimum requirements necessary for Certification to Provide Limited Services to an Individual receiving Self-Administered Services. The Division, therefore, awards the Applicant certification to provide the following services (*circle those applicable*):

CH 1; FS1; FTP; HS1; RP1 (Q); RP1 (D); SLA. to : _____

(Name of Person)

Signature of Division Support Coordinator

Date